

County/Direct Provider User Cancellation

ADP 100131(Rev 12/05)

ADP Approved (ADP use only)DateApprover

For Canceling User Access to Confidential ADP Drug Medi-Cal

County/Direct Provider/Vendor: _____

To ensure the confidentiality of county/direct provider Drug Medi-Cal (DMC) data, the Department of Alcohol and Drug Programs (ADP) requests the County ADP Administrator, Direct Provider Executive Officer or Vendor Executive Officer to notify ADP when previously-approved users should no longer be allowed access to confidential patient data in the system listed below. Please complete the information below and fax this form to (916) 323-0653 for DMC. If you have questions about this form, please call (916) 323-2043.

User No Longer Authorized Access as of _____ **(Date)**

First Name: _____	Last Name: _____
Username: _____	
Phone Number: _____	Fax Number: _____
Email Address: _____	

User No Longer Authorized Access as of _____ **(Date)**

First Name: _____	Last Name: _____
Username: _____	
Phone Number: _____	Fax Number: _____
Email Address: _____	

User No Longer Authorized Access as of _____ **(Date)**

First Name: _____	Last Name: _____
Username: _____	
Phone Number: _____	Fax Number: _____
Email Address: _____	

ADP Administrator/Executive Officer Certification:

As ADP Administrator/Executive Officer for _____ (County/Direct Provider/Vendor),
I designate the above individuals no longer have access requests to specific confidential Drug Medi-Cal patient data.

Alcohol & Drug Administrator/Executive Officer (signed and printed)_____
Date